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SECRETARY OF STATE

G. MCLEOD

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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: EMBASSY LANE, LLC			
	Limited Liability Company)		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered (Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning	this matter to the following:		
r rease return an correspondence concerning			
Stephen B. Kidd			
(Name of Person)			
Embassy Lane, LLC			
(Firm/Company)			
5149 Mabry Drive	<u> </u>		
(Address)			
Naples, FL 34112			
(City/State and Zip Code)	······································		
For further information concerning this matt	er, please call:		
Stephen B. Kidd	at (239) 732-7770		
(Name of Person)	(Area Code & Daytime Telephone Number)		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314		
Tallahassee, Florida 32301	Milandood, 1 forfal JEJ 17		
Enclosed is a check for the following	ng amount:		
✓ \$25 Filing Fee	\$55 Filing Fee & Certified Copy		

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limi	ted liability compan	y is: Embassy Lane	e, LLC		
2. The mailing address	of the limited liabili	ty company is : 51	149 Mabry Lane, N	aples, FL 34112	
March 11, 2005			L05000024831	<u> </u>	
3. Date of filing/registration in Florida			4. Document number		
5. The name of the regis Florida Department o		registered office a	ddress as shown o	on the records of the	
	Ellen S. Maher				
		Name			
	1100 Fifth Avenu	ie South, 301			
		Address			
	Naples, FL 34102				
	(City, State and Zip	1	<u> </u>	
6. The name and address	s of the new register	ed agent and/or of	fice:	SECRETAR IVISION OF C	
	_	-		MA SIO	
	Stephen B. Kidd			7 名所	
•	5440 14 1 15 1	Name		子 汽盖型	
	5149 Mabry Drive		·		
	Florida street add	dress (P.O. Box N	OT acceptable)		
	Naples,	FI 34112		PM. 4: 48	
	Cit	ty, State and Zip		 8	
If the limited liability co confirmed that after the and the business office of liability company, it is hof the members of the lift or the operating agreement (Signature of a member or authors) (Printed or typed name of signer)	change or changes as of the registered ager ereby confirmed that imited liability compent of the limited liability compent of the limited liability confirmed the limited liability.	re made, the Florint will be identical to the change(s) was otherwish bility company.	da street address of the case	of the registered office of a Florida limited	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, thereby confirm that the timited liability company has been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

(Signature of Registered Agent)